

PART B - FEE(S) TRANSMITTAL

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22913 7590 05/11/2009

Workman Nydegger
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(Depositor's name)

(Signature)

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10827483	04/19/2004	Nien-Hua Pai	17657.49A	3314

TITLE OF INVENTION: DUAL-MODE SCANNER CAPABLE OF PERFORMING TRANSMISSIVE AND REFLECTIVE SCANNING WITH SINGLE SIDE LAMP

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0	\$1810	08/11/2009

EXAMINER	ART UNIT	CLASS-SUBCLASS
WORKU, NEGUSIE	2625	358-474000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list <input type="checkbox"/> (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, <input type="checkbox"/> (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	<input type="checkbox"/> WORKMAN NYDEGGER
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.		<input type="checkbox"/>
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(A) NAME OF ASSIGNEE _____ (B) RESIDENCE: (CITY AND STATE OR COUNTRY) _____

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:	4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)
<input checked="" type="checkbox"/> Issue Fee	<input type="checkbox"/> A check is enclosed.
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Authorized Signature /Eric L. Maschoff/ Reg. #36596

Date August 4, 2009

Typed or printed name ERIC L. MASCHOFF

Registration No. 36,596

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